U.S. Senate Special Committee on Aging

Sister Anthony Marie Greving
Disease Management and Coordinating Care:
What Role Can They Play in Improving the Quality of Life
for Medicare's Most Vulnerable?
September 19, 2002
628 Dirksen Senate Office Building
Washington, D.C.

Good Morning. I am Sister Anthony Marie Greving, Director of the Area Agency on Aging in Pocatello, ID. The southeast Idaho area encompasses 9200 square miles of rural and desert areas, sagebrush and juniper trees. The area is dotted with people, not in large metropolitan cities, but in small rural towns, unincorporated in some instances, but mostly of 3,000-3,500 populations. The number of elderly in the seven county area is 22,131 or 15% of the total population.

In preparation for this testimony, I reviewed the Older Americans Act, which Congress passed in 1965. The program has changed immensely in 37 years! Growth of the older population in rural America has become a cause for both concern and opportunity.

I am here today to share with you one such opportunity - our Health Promotion Program for the low-income elderly. The Area Agency on Aging contracts with the Southeast Idaho Community Action Agency/Retired and Senior Volunteer Program to provide health promotion services to 1500 elderly. Just as those who built senior center programs in 1965 have matured to age 97 and beyond, and are still active or homebound, so our Health Promotion Program has seen a monumental growth. Many more people these days are served with a lot less money. The commitment of the staff and volunteers make this program an unparalleled success.

In 1996, we began with $ 13,200 of Older American Act federal funds. With this money, we provided community-wide medication reviews called "brown baggers". The elderly brought their meds in one bag to senior centers, and a local pharmacist and pharmacy students from Idaho State University in Pocatello assessed the meds and discussed drug interactions. If red flags were raised, then the pharmacist referred the client to his/her primary physician for consultation.

The Health Promotion staff also initiated an Exercise Library during that same year. This was a lending library whereby the center or facility took an exercise video and kept it for a month to provide exercises in a given location. This service has increased by 38%.

There was a great need in 1996 for someone to assist elderly with Living Wills. The Health Promotion staff developed a program to fulfill this need. Service was provided on a donation basis, and again the people served increased month after month.

In the following year 1997, the homebound elderly were targeted for medication reviews, exercise programs, and Living Wills. These vulnerable were those 60 years of age and older who could not get out of their homes and fend for themselves. The community health clinics continued with medication reviews at small local health fairs. The Exercise Lending Library continued as well, and nursing homes and assisted living facilities began exercise programs. The emphasis was to get "limbered up" 1 to 3 to 5 times a week in place of just sitting in a chair all day.

Home Safety Checks were begun in 1998 for the homebound elderly. With the emphasis to keep elderly in their own home for as long as possible, the home safety check program was initiated. Homes were evaluated for safety and the prevention of falls. Smoke detectors were installed for a small cost to the homeowner, but if payment could not be made, local fire departments contributed to the cost and installed the detector free of charge.

In the following years since 1998, the growth of the Health Promotion Program in southeast Idaho has tripled. The Area Agency on Aging now contracts $ 18,300 with the RSVP Program for the service, and in the six years in operation, over 1500 elderly have received this much-needed service.

At the present time, with money being stretched so tightly, the Community Action Agency/RSVP staff has improvised and coordinated with various agencies to "get the job accomplished". A Medication Assistance Program was inaugurated in 2001, and with the high price of new medications, many elderly people took advantage of the Needy Meds Program. For those who have access to the Internet, they fill out their own forms and by-pass the $ 5 fee per prescription. The Pfizer Share Card and the Well Partner Program are incorporated into the service. These are benefit plans for seniors who cannot afford the full cost of prescription drugs. There are many instances where a low income, vulnerable adult has had to forego taking prescribed medications in order to eat a meal.

The Health Promotion staff assist elderly with information from the Physicians' Desk Reference. Printed information is given to each client. In this client-consumer choice society, there are alternative means to securing prescription drugs at low cost or no cost to the consumer. Sometimes it just takes a little assurance from the assistance of the Health Promotion staff to get the job done. Through the Medication Assistance Program, some of the following concerns have surfaced:

- Greater coordination is needed between physicians and pharmacists on prescribing drugs for elderly people. So many doctors do not take the time to know what drugs elderly people are now taking, all the while prescribing another "better" pill to ease the pain.

- Pharmacies need to write not only in large print but also give very specific directions on the medication label when to take the meds, not just the phrase 'take as directed". This directive is very confusing to the senior taking the medication.

- Generic Drugs need to be included in the Drug Plans to help Medicare Beneficiaries with their drug purchases.

The RSVP Health Promotion Program also partners with Idaho State University Senior Health Mobile Clinic to provide medication reviews for the rural Idaho homebound elderly. This van/clinic trains Idaho health profession students and practicing health professionals in an interdisciplinary approach to geriatric care, delivers health care services to rural older adults in non-traditional home and community-based settings, and works to recruit and retain health care practitioners in the rural underserved areas of Idaho. The interdisciplinary mobile team travels the isolated areas of southeast Idaho in a van/clinic that is equipped with health related supplies/equipment and educational resources.

Closing

Idaho is a very rural state. Its older population like that of any rural community in America is made up of a shifting trend from those who have "aged in place" to those who have moved around the country as they age. Some rural statistical facts:

- Older rural and minority adults have more health risk factors than elders living in large urban areas, where means to care may be more accessible.
- Older people living in rural areas are more likely to be women who sometimes have access to fewer resources for supporting independent living.
- The economy of a rural community is fragile, often dependent on retirement incomes.
- Small rural towns often live with the fear of looming business closures.
- Older minority women have likely experienced many challenges, including re-location and a life of poverty.
- A rural older adult is likely taking 16-18 medications daily, prescribed by a number of health care professionals to make the individual feel better.

The picture painted with the above statistics is by no means bleak. This morning I highlighted what one Health Promotion Program can do with drive, determination and a readiness to solve problems in small rural communities. Disease management is possible in small rural areas, especially to those elderly desirous of a home and community-based service system, those who are homebound and those who want to be independent.

I have given you a brief portrayal of how southeast Idaho has utilized the Older Americans Act funds to implement an effective Health Promotion Program with a limited budget. There is always room for more services to our vulnerable elderly. I would ask for greater support of a Disease Management Program, like Health Promotion and Medication Management under the Older Americans Act, so elderly as Medicare beneficiaries can continue to maintain their health and quality of life, and gain greater longevity and independence.